



Pooled Collateral—Access Form



TREASURER STAFF ONLY

NetID:		Certif#:		Date:	
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NET SYSTEM REQUIREMENTS:

Web Browser: Internet Explorer 6.0 and above / Netscape 7.0 and above
Adobe Acrobat Reader: 6.0 and Above
Internet Access: Dial up and above

Bank Info

Name of Bank		
Authorized Officer (First Name)	Last Name	Phone
Email		FAX
Signature of Authorized Officer		Date

Employee Info	Start Date	Expiration Date	New <input type="checkbox"/>	Update <input type="checkbox"/>	Delete <input type="checkbox"/>
Last Name (PRINT)		First Name		Middle Initial	
Title				Phone	
Email				FAX	

Employee Info	Start Date	Expiration Date	New <input type="checkbox"/>	Update <input type="checkbox"/>	Delete <input type="checkbox"/>
Last Name (PRINT)		First Name		Middle Initial	
Title				Phone	
Email				FAX	

Employee Info	Start Date	Expiration Date	New <input type="checkbox"/>	Update <input type="checkbox"/>	Delete <input type="checkbox"/>
Last Name (PRINT)		First Name		Middle Initial	
Title				Phone	
Email				FAX	

Employee Info	Start Date	Expiration Date	New <input type="checkbox"/>	Update <input type="checkbox"/>	Delete <input type="checkbox"/>
Last Name (PRINT)		First Name		Middle Initial	
Title				Phone	
Email				FAX	